McNamara Declaration Exhibit 74

As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93493319005060 -cv-04160-JGK-01W Document 96-90 Filed 07/07/22 Return of Organization Exempt From Income Tax 40MB46 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable: Open Library of Richmond Inc ☑ Address change 94-3400461 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite □ Application pending (415) 561-6768 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 26,495,241 Name and address of principal officer: H(a) Is this a group return for Brewster Kahle □Yes ☑No subordinates? 17 Walnut Street H(b) Are all subordinates Rockland, ME 04841 ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) ☐ 501(c)() **(** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation: 2001 M State of legal domicile: DE **K** Form of organization: lacktriangledown Corporation lacktriangledown Trust lacktriangledown Association lacktriangledown Other lacktriangledownSummary 1 Briefly describe the organization's mission or most significant activities: Provide tools and services to facilitate universal access to all knowledge to researchers, historians, scholars and the general public Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 2 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 6,474,324 25,811,311 Ravenue 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,881 6,125 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -224,230 -35,001 6,261,975 25,782,435 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 4,470,000 5,442,600 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 24,464 128,383 4,494,464 5,570,983 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,767,511 Revenue less expenses. Subtract line 18 from line 12 . 20,211,452 Net Assets or Fund Balances **Beginning of Current Year** End of Year 12,839,368 32,940,773 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 178,529 22,721 Net assets or fund balances. Subtract line 21 from line 20 . 12,660,839 32,918,052 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here Brewster Kahle Pres/Chair Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P01471027 Paid self-employed Firm's name Fontanello Duffield & Otake LLP Firm's EIN ► 37-1420474 Preparer Use Only Firm's address ▶ 44 Montgomery Street Suite 1305 Phone no. (415) 983-0200 San Francisco, CA 94104 ☐ Yes ☑ No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Form 990 (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2019)						Page 2
Pa	nt III Sta geng e <u>i</u> nt	:20 Program (Service	ΚΑ@₫ἠ/l ølis	Document 96-90	Filed 07/07/22 Pag	ge 3 of 48	
	Check if Sche	edule O contains a respo	nse or note to a	any line in this Part III .			
1	Briefly describe the	organization's mission:					
Provi	de tools and services	to facilitate universal acc	ess to all know	rledge to researchers, his	storians, scholars and the gener	al public.	
_	Billi i i i						
2	Did the organization	□Yes ☑	71 s				
	the prior Form 990 o	⊔ Yes ⊻	I NO				
3	If "Yes," describe the Did the organization						
3	services?	□Yes	√ No				
		ese changes on Schedule				□ res	Ľ NU
4	•	-		ats for each of its three l	argest program services, as mea	sured by expense	•
	Section 501(c)(3) ar		ns are required	to report the amount of	grants and allocations to others		5.
	expenses, and rever	ide, il ally, for each prog	rain service re	portea.			
4a	(Code:) (Expenses \$	5,442,600	including grants of \$	5,442,600) (Revenue \$)	
	See Additional Data						
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
	-						
	-						
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
	-						
4d	Other program serv	ices (Describe in Schedu	e O)				
Tu	(Expenses \$	•	ding grants of	\$) (Revenue \$)	
40	Total program ser	vice expenses >	5.442.6	00			

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported	114		No

9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Nο

Nο

Nο

Nο

Nο

Yes

Yes

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Form	990 (2019)			Page 4
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28b		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
24	contributions? If "Yes," complete Schedule M	30		No ——
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0]		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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Pa	tv Scatements Regarding Windertas Dillings and Cran compliance (45 in the deligible 107/22 Page	6 of 48	R
			
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	14	
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
		5b	110
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	NI-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. If "Yes," complete Form 4720, Schedule O.	16	No
	n Tes, complete i offit 4720, schedule O.		

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Par	tVI Governmed: Managen and Condition of the Condition of		<mark>ks</mark> e to l	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	$\overline{}$		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a 7b		No No
	persons other than the governing body?			
	the following:			
	The governing body?	8a		No
	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
L3	Did the organization have a written whistleblower policy?	13		No
.4	Did the organization have a written document retention and destruction policy?	14		No
L 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed▶			
	CA , DE			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	► Meikle Hall 17 Walnut Street Rockland, ME 04841 (415) 561-6768		orm 004	n (2019)

(A)

Name and title

(F) Estimated

amount of other

Part VII

COMBENSALONOV-OFFICER, DEFECTOR TV us DESCHAPERINDO YORS, FINDESD FAOTIVED SATER FOR PROPERTY

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(B)

Average

hours per

	week (list any hours	reek (list is both an officer and a from the organization organizations (Waldiagon (Waldiagon))						compensation from the		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Jacques Cressaty Secretary	5.00			Х				0	160,203	10,198
(2) Brewster Kahle	40.00 1.00			.,						
Pres/Chair	40.00	Х		Х				0	0	0
(3) Richard Prelinger Dir/Treasurer	10.00 5.00	Х		X				0	0	0
(4) Kathleen Burch Director	2.00 0.00	X						0	0	0
					\vdash					
							I			Form 990 (2019)

(A) (B) (C) (D) (E) (F) Reportable Name and title Average Position (do not check more Reportable Estimated hours per than one box, unless person compensation amount of other compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemployee Former Individual trustee or director <ey employee organizations MISC) MISC) related Institutional Trustee below dotted organizations line) ٠ c Total from continuation sheets to Part VII, Section A . . . \blacktriangleright 160,203 10,198 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 No **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Form **990** (2019)

Form 990 (2019) Page 10 Statem dn 2 0F Evn 0 tid n 60 EXperts es TW Document 96-90 Filed 07/07/22 Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 4,316,000 1 Grants and other assistance to domestic organizations and 4,316,000 domestic governments. See Part IV, line 21 0 2 Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations, foreign 1,126,600 1,126,600 governments, and foreign individuals. See Part IV, lines 15 **4** Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 0 0 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages . . . 0 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) 0 **9** Other employee benefits 0 **10** Payroll taxes 11 Fees for services (non-employees): 0 a Management **b** Legal 0 11,725 11,725 0 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees 3,000 g Other (If line 11g amount exceeds 10% of line 25, column 3.000 (A) amount, list line 11g expenses on Schedule O) 0 **12** Advertising and promotion . . . 0 13 Office expenses 0 14 Information technology . . . 0 15 Royalties . 0 **16** Occupancy . 0 **17** Travel . . . 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings . 0 0 **20** Interest 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization . 23,843 23,843 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Acquisition Costs 68,725 68,725 18,621 18.621 **b** Other Expenses 1,373 1,373 c Due & Subscriptions 776 776 d Registration & Compliance e All other expenses 320 320 25 Total functional expenses. Add lines 1 through 24e 5,570,983 5,442,600 128,383 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

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Liabilities 22 Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Total net assets or fund balances

Total liabilities and net assets/fund balances

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

32,940,773

2,934

19,787

22.721

32,918,052

32,918,052

32,940,773

Form 990 (2019)

Page **11**

© Filed 07/07/22 Page 12 of 48 Check if Schedule O contains a response or note to any line in this Part IX .

	Beginning of year		End of year
1 Cash-non-interest-bearing	394,706	1	936,98
2 Sayings and temporary cash investments	7.483	2	

1	<u> </u>			
2	Savings and temporary cash investments	7,483	2	0
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net	3,035	4	11,064
5	Loans and other payables to any current or former officer, director, trustee,			

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under

0 section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 0 7 0 Notes and loans receivable, net . . . 8

Assets Inventories for sale or use Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a 13,273,130

0 0 basis. Complete Part VI of Schedule D 10b 1,746,401 11,882,250 10c 11,526,729 b Less: accumulated depreciation 11 11 0 Investments—publicly traded securities . 0 12 Investments—other securities. See Part IV, line 11 . 12 13 19,729,611 13 Investments—program-related. See Part IV, line 11 14 14 0 Intangible assets . 736,382

551,894

158,829

19,700

178.529

12,660,839

12,660,839

12,839,368

12,839,368

15

16

17

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25

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32

33

Fund Balances 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ightharpoonup and complete lines 29 through 33. ō 29 29 Capital stock or trust principal, or current funds Assets 30 Paid-in or capital surplus, or land, building or equipment fund . . . 30 Form 990 (2019)

Investment expenses .

Prior period adjustments .

Separate basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

Other changes in net assets or fund balances (explain in Schedule O) .

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:

separate basis, consolidated basis, or both:

5

Part XII

Schedule O.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,782,435
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,570,983
3	Revenue less expenses. Subtract line 2 from line 1	3	20,211,452
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,660,839

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

45,761

32,918,052

No

Nο

No

Form 990 (2019)

Yes

Yes

Yes

2a

2b

2c

3a

3h

7

8

9

10

Revenue less expenses. Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Check if Schedule O contains a response or note to any line in this Part XII

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Additional Data

Case 1:20-cv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 14 of 48

Software ID: 19009920

Software Version: 2019v5.0

9v5.0

400464

EIN: 94-3400461 **Name:** Open Library of Richmond Inc

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Form 990 (2019)

Form 990, Part III, Line 4a:

Operating facilities and services with the goal of the preservation and accessing books and other cultural works.

efil	e GR/			T PROCESS	As Filed Data -				3493319005060		
SCI	HED	ULE A	L:20-cv-0	4160-JGK	-OTW Docum Charity Statu	nent 96-90	Filed 07/0)//22 Page 1:	DMI N481545-0047		
(-					ganization is a sect				2019		
990E	EZ)			.	4947(a)(1) nonexe	mpt charitable	trust.		2017		
Depart	ment of	the Treasury	▶ (o to <u>www.irs</u>	► Attach to Form ! .gov/Form990 for in			ormation.	Open to Public		
Interna	l Reven	nue Service ne organiza	tion					Employer identific	Inspection		
		of Richmond I							ation number		
Pa	rt I	Reason	for Public (Charity Statu	ıs (All organization	s must comple	te this part.) S	94-3400461 See instructions			
					it is: (For lines 1 thro			occ mocractions.			
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in se	ction 170(b)(:	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	\Box	A hospital o	or a cooperati	ve hospital serv	rice organization desc	ribed in section	170(b)(1)(A)(iii).			
4	\Box	A medical r	esearch orga	nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
		name, city,	and state:	•	-				·		
5	П	An organiza	ation operated	I for the benefit	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170		
_	_	. , , , ,	(iv). (Comple	,			4-0413434				
6				_	governmental unit de						
7	✓	_		maily receives a vi). (Complete		s support from a	governmental u	init or from the genera	al public described in		
8		A communi	ty trust descr	ibed in section	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9								with a land-grant coll	ege or university or a		
10		_	_	_	ee instructions. Enter			college or university: is, membership fees, a	and gross receipts		
	Ш	from activit	ies related to	its exempt fun-	ctions—subject to cer	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross		
					ess taxable income (le mplete Part III.)	ess section 511 to	ax) from busines	sses acquired by the o	rganization after June		
11					exclusively to test fo	r public safety. S	ee section 509	(a)(4).			
12								s of, or to carry out th			
					escribed in section 5 the type of supporting). See section 509(a s 12e, 12f, and 12g.)(3). Check the box		
a		Type I. A s	supporting or	ganization opera	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by			
				er to regularly a t ions A and B.	ppoint or elect a majo	ority of the direct	ors or trustees o	of the supporting orga	nization. You must		
b		Type II. A	supporting o	ganization supe				organization(s), by hav			
				orting organiza /, Sections A a		ne persons that o	control or manag	ge the supported orga	nization(s). You		
С								nd functionally integra	ted with, its		
d			•	, .	ons). You must com L. A supporting organi	•		nd E. th its supported orgar	ization(s) that is not		
	ш	functionally	integrated. 1	he organization	generally must satis	fy a distribution	requirement and	an attentiveness req			
e					t IV, Sections A and red a written determin			pe I, Type II, Type II	I functionally		
	ш	integrated,	or Type III n	on-functionally	integrated supporting	organization.	,,	po 1, . , po 11, . , po 11.	, rancalonany		
f				_				· · · · · · · · <u> </u>			
_ <u>g</u>		de the follow Name of supp		on about the su	<pre>pported organization((iii) Type of</pre>	T .	anization listed	(v) Amount of	(vi) Amount of		
	(.,	organization		(11) ==11	organization	in your govern		monetary support	other support (see		
					(described on lines 1- 10 above (see			(see instructions)	instructions)		
					instructions))		r				
						Yes	No				
Tota											
		work Reduc or 990-EZ.	tion Act Not	ice, see the In	structions for	Cat. No. 11285	5F S	Schedule A (Form 9	90 or 990-EZ) 2019		

	(or fiscal year beginning in) ▶	(a) 2015	(B) 2016	(6) 2017	(a) 2018	(e) 2019	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	7,972,768	900,004	5,526,766	6,474,324	25,811,311	46,685,173
	include any "unusual grant.") .						
	Tax revenues levied for the organization's benefit and either paid						0
	to or expended on its behalf						
	furnished by a governmental unit to						0
	the organization without charge						ŭ
	Total. Add lines 1 through 3	7,972,768	900,004	5,526,766	6,474,324	25,811,311	46,685,173
	The portion of total contributions by	.,,		-,,	-,,	,,-	,,
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						0
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	Public support. Subtract line 5						
6	from line 4.						46,685,173
s	ection B. Total Support			I			
	Calendar year	() 2045	(1.) 2046	() 2017	(1) 2010	() 2010	(O) T
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	7,972,768	900,004	5,526,766	6,474,324	25,811,311	46,685,173
8	Gross income from interest,						
	dividends, payments received on	225	58,269	5,236	11,881	6,125	81,736
	securities loans, rents, royalties and		,	-,	,	-7	/
_	income from similar sources						
9	Net income from unrelated business activities, whether or not the						0
	business is regularly carried on						· ·
10	Other income. Do not include gain						
-0	or loss from the sale of capital						0
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through						46,766,909
	10						
12	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is fo	_			•		
	check this box and stop here					▶□]
S	ection C. Computation of Public	c Support Perc	entage				
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, o	column (f))		14	99.830 %
15	Public support percentage for 2018 Sc	hedule A, Part II, l	ine 14			15	99.680 %
16 a	33 1/3% support test—2019. If the	organization did r	not check the box	on line 13, and lin	ie 14 is 33 1/3% oi	more, check this l	

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 3 Part III Casimplo205chedi46 60-0 cgknizations Described in Section 559 cd (27/07/22 Page 17 of 48 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ Amounts from line 6. . . Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources. . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c, 11, and 12.). . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2018 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f)) 17 17 Investment income percentage from 2018 Schedule A, Part III, line 17 19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 📙 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (Form 990 or 990-EZ) 2019 Page 4 Supporting (Drogan) 2/24 to Gos JGK-OTW Document 96-90 Filed 07/07/22 Page 18 of 48 (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete 1

	Sections A and D, and complete Part V.)			
Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		

	in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

		30	I
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	checked 12a of 12b iii Fart 1, answer (b) and (c) below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		
	supervised by or in connection with its supported organizations.	4b	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	o the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a	
	amendment to the organizing document).		
b	- / F = / F = /		
	organization's organizing document?		
		_	

		4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
	· ·	$\overline{}$	 _

	to the foreign supported organization was used exclusively for section $170(c)(2)(8)$ purposes.	4c	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
Ω	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 72 If "Vec."		

	supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes"		

	section 4350(c)(3)(c)), a family member of a substantial contributor, of a 3570 contributed entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"		
	provide detail in Part VI.	9a	
			ı

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"		
	provide detail in Part VI.	9a	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting		
	organization had an interest? If "Yes," provide detail in Part VI.	9b	

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с 10a

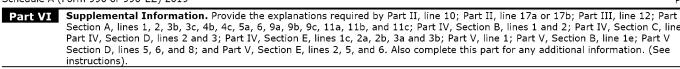
Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

cned Part		Form 990 or 990-EZ) 2019 Supporting Organizations Color Document 96-90 Filed 07/07/22 Page 19 o	1 1 S		age 5
rait	LV	The state of the s	71 40	Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
		on who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?			
	-		11a		
		(, , , , , , , , , , , , , , , , , , ,	11b		
			11c		
Sec	tion	B. Type I Supporting Organizations		V	NI -
	elect a VI ho organi truste	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part we the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the ization had more than one supported organization, describe how the powers to appoint and/or remove directors or est were allocated among the supported organizations and what conditions or restrictions, if any, applied to such is during the tax year.	1	Yes	No
2	Did th	e organization operate for the benefit of any supported organization other than the supported organization(s) that			
	carrie	ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2		
Sec	tion	C. Type II Supporting Organizations	I	Yes	No
L	Mara	a majority of the averagisation's directors or tructors during the tay year also a majority of the directors or tructors of		res	NO
	each d	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the riting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
	tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ar, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	docun	nents in effect on the date of notification, to the extent not previously provided?	1		
	(s) or	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization ained a close and continuous working relationship with the supported organization(s).	_		
	D		2		
	organi	ison of the relationship described in (2), did the organization's supported organizations have a significant voice in the zation's investment policies and in directing the use of the organization's income or assets at all times during the tax — If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion	E. Type III Functionally-Integrated Supporting Organizations		•	
L	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns):		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	П	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	$\overline{}$	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions)	
				,	
2	Activit	ies Test. Answer (a) and (b) below.	[Yes	No
	suppo orgar respoi	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported iizations and explain how these activities directly furthered their exempt purposes, how the organization was assive to those supported organizations, and how the organization determined that these activities constituted			
		ntially all of its activities.	2a		
	organi organi	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of the zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the ization's position that its supported organization(s) would have engaged in these activities but for the organization's ement.			
		of Supported Organizations. Answer (a) and (b) below.	2b		
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
		pported organizations? Provide details in Part VI.			
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its rted organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b		
		Schedule A (Form 990 o		0 E7\	201

Sched	lule A (Form 990 or 990-EZ) 2019			Page 6
Par	t V Type fri i Nod-El/notionally i integrated/509(a)(B) Supporting o	ı lglil a	dali6/03/122 Page	e 20 of 48
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat		ganization (see

Additional Data Case 1:20-cv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 22 of 48 **Software ID:** 19009920 Software Version: 2019v5.0 **EIN:** 94-3400461 Name: Open Library of Richmond Inc. Schedule A (Form 990 or 990-EZ) 2019 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test



For Paperwork Reduction Act Notice, see the Instructions for Form 990.

1:20-cv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 23M9N48545-0047 Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

2019

DLN: 93493319005060

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

	nme of the organization en Library of Richmond Inc			Emp	loyer identification number
Oρ	en Library of Richinfolia Inc			94-3	400461
P	art I Organizations Maintaining Donor Advi			r Acc	ounts.
	Complete if the organization answered "Ye	1			
_		(a) Donor advised fu	unds		(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex				funds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any o	ther purpose co		
Pa	Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part IV, li	ne 7.		
1	Purpose(s) of conservation easements held by the orga				
	Preservation of land for public use (e.g., recreatio			histor	ically important land area
	Protection of natural habitat	· –			d historic structure
		□ ries	ervacion or a ce	erune	a mistoric structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribu	ution in the forr	m of a	conservation Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements		[2b	
c	Number of conservation easements on a certified histori	c structure included in (a)	[2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on	a historic	2d	
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or t	erminated by t	he or	ganization during the
4	Number of states where property subject to conservation	on easement is located >			_
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold		tion, handling o	of viola	ations,
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, ar	nd enforcing co	nserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and en	forcing conserv	ation	easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?			'0(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's			
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasu		er Sii	milar Assets.
1 a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to report in i public exhibition, education, o	its revenue stat or research in fu		
b	historical treasures, or other similar assets held for pub following amounts relating to these items:	lic exhibition, education, or res	search in furthe	erance	of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line ${f 1}$				▶ \$
(ii)Assets included in Form 990, Part X				. ► \$
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS			ncial g	ain, provide the
а	Revenue included on Form 990, Part VIII, line 1				. > \$
b	Assets included in Form 990, Part X				. ▶\$

Cat. No. 52283D

Schedule D (Form 990) 2019

Sche Par	dule D	(Form 990) ₁ 2048)-CV Organizations M	-04160-JGK aintaining Col	COTW lections o	Docum f Art, His	ent 96 torical	- <mark>90</mark> Treasi	Filed ures, o	07/07 r Other	/ <mark>22 Pag</mark> Similar A	ge 24 of a	48 nued)	Page 2
3		the organization's acq (check all that apply):		n, and other	records, ch	•	f the fo	ollowing t	that are a	significant (use of its coll	ection	
а		Public exhibition				q 🗌	Loan	or exch	ange prog	grams			
b		Scholarly research				e 🗌	Othe	er					
С		Preservation for future	e generations										
4	Provid Part >	de a description of the (III.	organization's col	lections and	explain ho	w they fur	ther th	e organiz	zation's e	xempt purpo	ose in		
5		g the year, did the org s to be sold to raise fu									☐ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			on Form	990, Pai	t IV,	ine 9, o	r reporte	ed an amou	unt on Form	990,	Part
1a		e organization an agent led on Form 990, Part									Yes	□ N	o
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the follo	wing table	:			A	mount		_
С		ning balance		•		=			1c				_
d	Additi	ions during the year .							1d				_
e	Distri	butions during the yea	r						1e				_
f	Endin	g balance							1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Parl	t X, line 21	, for escr	w or cu	ustodial a	account li	ability?	☐ Yes		0
b		s," explain the arrange											_
	rt V	Endowment Fun						. р					
		Complete if the or	ganization answ							T			
1-	Rogina	ing of year balance		(a) Curren	t year	(b) Prior y	ear	(c) Two y	ears back	(d) Three ye	ars back (e) F	our yea	rs back
	_	ing of year balance . outions											
		restment earnings, gair	ns and losses										
		or scholarships	·										
		expenditures for faciliti											
		ograms	C3										
f	Admini	strative expenses .											
g	End of	year balance											
2	Provid	de the estimated perce	entage of the curre	ent year end	balance (li	ne 1g, col	umn (a)) held a	ıs:	•	•		
а	Board	l designated or quasi-e	endowment 🟲										
b	Perma	anent endowment ►											
С	Temp	orarily restricted endo	wment >										
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	%.								
3а		nere endowment funds	not in the posses	sion of the o	rganization	that are	held ar	nd admin	istered fo	r the			
	-	ization by: nrelated organizations									3a(i)	Yes	No
	. ,	elated organizations					•	•			3a(ii)		
b		s" on 3a(ii), are the re					R? .	• •			3b		
4	Descr	ibe in Part XIII the inte	ended uses of the	organization	n's endowm	ent funds							
Pai	rt VI	Land, Buildings,	and Equipmen	nt.									
		Complete if the or	*							'			
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost or	otner dasis	(otner)	(c) Acc	umulated (depreciation	(a) B0	ok valu	e
	1 - 2						EOE 000						. ERE 222
	Land					·	585,000	-		1 270 201			2,585,000
		gs				·	765,000	<u> </u>		1,370,201			3,394,799
		old improvements					215,022						215,022
		nent					700 100			276 200			221 000
		lines 1a through 1e //	Column (d) must s	aual Form O	OO Part V		708,108			376,200			331,908

Schedule D (Part VII	Fლგვო) 120ქმ-cv-04160-JGK-OTW Document 9 Investments—Other Securities.	6-90	File	d 07/07/22 Pa	age 25 of 48 Page 3
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category		ine 1		Part X, line 12.
	(including name of security)	(b) Book value			or valuation: year market value
(1) Financia (2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ne 1	1c. See Form 990, I	Part X, line 13.
	(a) Description of investment	·		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.			19,729,611	
PaitIX	Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lir	ne 11	d. See Form 990, Par	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
					•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lir	ne 11	e or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liability				(b) Book value
(1) rederail	income taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	19,787
	or uncertain tax positions. In Part XIII, provide the text of the footnotor's liability for uncertain tax positions under FIN 48 (ASC 740). Check h				_

Pa	Reconciliation of Re	160-JGK-OTW Document 96- venue per Audited Financial Stateme	ents \	With Revenue per l	Return.	: 20 0: 4 0 -
1		zation answered 'Yes' on Form 990, Part upport per audited financial statements			1	_
2	, 5	ot on Form 990, Part VIII, line 12:			-	
ے a	Net unrealized gains (losses) on it	, ,	2a	I		
b	Donated services and use of facili		2b			
c	Recoveries of prior year grants		2c			
d	·		2d			
e	Add lines 2a through 2d					
3			• '		3	
3 4		Part VIII, line 12, but not on line 1 :			-	
	•	d on Form 990, Part VIII, line 7b	4a	I		
a	•	, ,				
b	Other (Describe in Part XIII.)		4b		\dashv \Box	
_ C	Add lines 4a and 4b				4c	
5		c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Return	1.
1	Total expenses and losses per aud	•			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b		٠		4c	
5	Total expenses. Add lines 3 and 4	Ic. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info					
Pro ^x XI,	vide the descriptions required for Pa lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Par	t IV, lines 1b and 2b; Pa	rt V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See /	Additional Data Table					

chedule D (Form 990) 12018 - CV-04	160-JGK-OTW	Document 96-90	Filed 07/07/22	Page 27 of 48	Page 5
Part XIII Supplemental Info	ormation (continue	ed)			
Return Reference		Ex	xplanation		
				Schedule D (Form 99	90) 2019

Additional Data

Case 1:20-cv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 28 of 48

Software ID: 19009920

Software ID: 1900992

Software Version: 2019v5.0 **EIN:** 94-3400461

Name: Open Library of Richmond Inc

Supplemental Information

Return Reference	Explanation
	As of December 31, 2018, the Organization had made no changes in the purpose, character or method of operations, and therefore there were no uncertain tax positions that qualify fo r either recognition or disclosure in the consolidated financial statements.

(For	EDULE FISE 1:20-cv-0 Sta m 990) • co	mplete if the organiz	zation answered " ► Attach	Outside the Un Yes" to Form 990, Part IV, to Form 990. nstructions and the latest i	line 14b, 15	, or 16.	2019 Open to Public
	Revenue Service						Inspection
	of the organization Library of Richmond Inc					Employer iden	tification number
орсп	,					94-3400461	
Pai	General Informati Form 990, Part IV, li		Outside the U	United States. Comple	ete if the o	organization a	nswered "Yes" on
1	For grantmakers. Does the	organization mai	ntain records to	substantiate the amoun	t of its gra	nts and	
	other assistance, the grante	es' eligibility for th	e grants or assi	stance, and the selectior	r criteria u	sed	
	to award the grants or assist	ance?					🗹 Yes 🗌 N
2	For grantmakers. Describe outside the United States.	in Part V the orga	anization's proce	edures for monitoring the	use of its	grants and otl	ner assistance
3	Activites per Region. (The follo	wing Part I, line 3 t	able can be dupli	icated if additional space is	s needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising, program	program s	ry listed in (d) is a ervice, describe ific type of e) in the region	(f) Total expenditures for and investments in the region
	North America	0	0	Grants	N/A		1,126,60
	North America	0	0	Grants	N/A		1,126,60
3a :	North America Sub-total		0	Grants	N/A		1,126,60

Schedule F (Form 990) 201	19							Page 2
Part II Grants and Part IV, line	d Other As e 15, for an	sistagge1to0rgari y recipient who reco	ា្ទុងស្រែទា្ ស្ទុ (Ert) ថ្ងៃទុ eived more than \$5,0	Outsider then Unit 000. Part II can be	je g (\$ta Fe s) (£0) 7 p (e duplicated if additio	: ₹¢2f2 the <mark>Pongre</mark> i 230 io nal space is needec	ក្ស ជាន្ទ wered "Yes" រ វ្លា.	on Form 990,
organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Support	,	Wire		N/A	Cash
		North America	Support	1,126,600	Wire		N/A	Cash
2 Enter total number of exempt by the IRS,			above that are recogni nsel has provided a sec				•	1
3 Enter total number of	of other org	anizations or entities	, <u></u>	<u></u>	<u></u>	<u> •</u>	*	1

				POCH PROPERTY OF THE PROPERTY IN		<mark>wer&1."™és4&</mark> n Form 9	, 50, Fait IV, lille I
Part III can be du	uplicated if addit (b) Region	(c) Number of recipients	eeded. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	ule F ((Form 990) 2019	Page 4
Part	: IV	©ല്ലേ 1.200 sv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 32 (of 48
1	organ	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the nization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see uctions for Form 926)	Yes 🔽 No
2	requii Certa	he organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be ired to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of sin Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see uctions for Forms 3520 and 3520-A; don't file with Form 990)	Yes ☑ No
3	organ	he organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the nization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign orations. (see Instructions for Form 5471)	Yes 🗹 No
4	fund (the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a eholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	Yes 🗹 No
5	organ	he organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the nization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Instructions for Form 8865)	Yes 🔽 No
6	organ	he organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the nization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form; don't file with Form 990).	Yes 🔽 No

schedule F (Form 990) 2019	Page
amounts of investments vs.	vigical Document 96-90 Filed 07/07/22 Page 33 of 48 usined by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method) expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide See instructions.
ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319005060 Note: To capture the full content of this document please select and scape house all 1928 15') when printing 22 OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations.** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** Open Library of Richmond Inc. 94-3400461 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ No ☐ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (2)(3)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2019

Schedule I (Form 990) 2019	Case 1:20-cv-04	L60-JGK-OTW E	Document 96-90 F	Form 990, Part IV, line 22.	35 of 48 Page 2
	ance to Domestic Individ f additional space is needed		nization answered "Yes" on	Form 990, Part IV, Tine 22.	
(a) Type of grant or assistance	(b) Number o recipients				ok, (f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Info	prmation. Provide the in	formation required in F	Part I, line 2; Part III, co	lumn (b); and any other addi	itional information.
Return Reference Ex	planation				

Schedule I (Form 990) 2019

Additional Data

300 Funston Ave San Francisco, CA 94118 Open Library of Pennsylvania

17 Walnut Street Rockland, ME 04841

Case 1:20-cv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 36 of 48

Software ID: 19009920

Software Version: 2019v5.0

EIN: 94-3400461

Name: Open Library of Richmond Inc

3,550,000

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

· • · · · · · · · · · · · · · · · · · ·	and and		Domice or game	ana bennes	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valua (book, FMV, appra other)
Internet Archive	94-3400461	501(c)3	750,000	0	N/A

84-3637451

ne and address of	(D) LIN	(c) INC Section	(u) Amount of Cash	(e) Amount of non-	(1) Method of Valuation	i
rganization		if applicable	grant	cash	(book, FMV, appraisal,	l
government				assistance	other)	l
						l
						l

'n	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h or

0 N/A

(g) Description of non-cash assistance	(h) Purp or assist

N/A

pose of grant

General Support

Building Purchase

a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	l
organization		if applicable	grant	cash	(book, FMV, appraisal,	l
or government				assistance	other)	l
			I	l		i

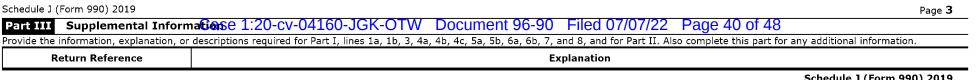
non-cash assistance	or assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) CHRSe 1 20 COMPO 44-660-JCK (CO) TANSUND TO BELL MORE TO BELL MORE 1 20 COMPO 42 ALLERAGE 37 CO [D48 ription of (a) Name and address of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-2571610 501(c)3 16.000l N/A Ulrich and Ruth Frank Fdn 0 N/A General Support 3164 Dolphin Drive Vancouver, BC V9P9J2

		int - DO NOT PROCESS	As Filed Dat		DLN: 934			
Sch	edule ^{Case}	1:20-cv-04160-JGK	ompensat	ioneniformatible 07/0	7/22 Page 38 _N	Qt _N 4.8	1545-(0047
(Forr	n 990)			Frustees, Key Employees, and Hig	hest			
			Compens	ated Employees		20	19)
		Complete if the or		vered "Yes" on Form 990, Part IV 1 to Form 990.	, line 23.	4 0	<u>, エノ</u>	
-	tment of the Treasury	► Go to <u>www.irs.g</u>	ov/Form990 for	instructions and the latest inform	mation.		o Pul	
	al Revenue Service ne of the organiza	lation			Employer identificat		ectio	
	n Library of Richmor						illibei	
	Ou octiv	ana Dagardina Campana	ation.		94-3400461			
Pa	rt I Questio	ons Regarding Compens	ation				Yes	No
1 a				f the following to or for a person liste			163	
	990, Part VII, S	ection A, line 1a. Complete Par	t III to provide ar	ny relevant information regarding the	se items.			
	First-class	or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
	_	nification and gross-up paymen	ts 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	teur, chet)			
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/	Executive Directo	or, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of t	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.			
		-						
		ation committee	H	Written employment contract				
		ent compensation consultant of other organizations	H	Compensation survey or study Approval by the board or compensa	tion committee			
		or other organizations	_	Approval by the board of compensa	alon committee			
4	During the year, related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
_	_		-11					NI-
a b		ance payment or change-of-cor r receive payment from, a supp				4a 4b		No No
c	•		•	nsation arrangement?		4c		No
_				plicable amounts for each item in Par	t III.			
), 501(c)(4), and 501(c)(29		-				
5		ed on Form 990, Part VII, Section on tingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		No
b	=					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe art III		7		No
8				red pursuant to a contract that was	a a criba			
				section 53.4958-4(a)(3)? If "Yes," dec		8		Ne
0						8		No
9				presumption procedure described in		9		
				orm 990		_	200	2010

Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred (B)(i)-(D) column (B) reported (ii) Bonus & incentive benefits (i) Base (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Jacques Cressaty (i) Secretary 160,203 (ii) 10.198 170,401



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SCHEDUL (Form 990 or EZ)	2019 Open to Public Inspection						
Mammel Be tha of gr Open Library of Ric 990 Schedule		n		Employer identif	fication number		
Return Reference		Explanation					
Form 990, Part VI, Line 11b: Form 990 Review Process	A copy of the 990 is sent to the Boa	rd prior to filing.					

990 Schedule O, Supplemental Information Case 1:20-cv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 42 of 48 Return **Explanation** Reference Form 990. Governing documents are available upon request Part VI. Line 19: Other Organization Documents Publicly

Available

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Case 1:20-cv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 43 of 48 Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493319005060

Open to Public Inspection

Employer identification number

Spen Library of Melinonia Inc				94-3400461			
Part I Identification of Disregarded Entities. Complete in (a)	(b)	(c)	(d)	(e) End-of-year assets	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Legal domicile (state or foreign country)		Direct controlling entity		
(1) Kahle Austin Foundation House LLC 300 Funston Ave San Francisco, CA 94118 46-3689417	Rental Real Estate	CA 249,331		3,797,579	Open Library of Richmond Inc		_
(2) Open Library of Pensylvania LLC 300 Funston Ave San Francisco, CA 94118 83-1532633	Rental Real Estate	DE	266,067	3,960,832	Open Library of Richmond I	[nc	
							_
							- -
Part II Identification of Related Tax-Exempt Organization	ns. Complete if the orga	nization answered	"Yes" on Form 990), Part IV, line 34 l	because it had one o	r more	_
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co	
(1)KahleAustin Foundaiton	Grantmaking	WA	501(c)3	PF	NA	Yes	No No
Š13B Simonds Loop	Grantmaking	WA	301(0)3	PF	IVA		INO
San Francisco, CA 94129 91-1816164							
(2)Internet Archive 300 Funston Avenue	Internet Archiving Books of Historical Collections	CA	501(c)3	7	NA		No
San Francisco, CA 94118 94-3242767						\downarrow	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.	Cat. No. 50135	I	1	Schedule R (Form	990) 2	019

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512-514)	(f) Share of , total income		Disprop alloca	ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or Peaging of	(k) ercenta ownersi
								Yes	No		Yes	No	
Identification of Related Orga because it had one or more relate						ization ans	wered "Ye	s" on F	Form 9	990, Part I\	/, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L	(c) Legal emicile or foreign	Direct	(d) controlling Typentity (C co	(e) le of entity orp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	-of- Perce	h) ntage ership	(13)	(i) tion 5 cont
			untry)			,						Ye	
								+					+
								+					+
													4

(1)Internet Archive

(2)Internet Archive

(3)Internet Archive

(4)Internet Archive

(5)Internet Archive

(6)Internet Archive

Sale of assets to related organization(s) . . .

Purchase of assets from related organization(s).

Part V	Transactions With Related Organizations. Complete in the organization answered Organization	S ONT UPPM \$96, 46HETY, ITTERSUF, 35B, SH 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Lease of facilities, equipment, or other assets to related organization(s)

Name of related organization

b

(b)

Transaction type (a-s)

(c) Amount involved

750,000

16,750,000

2,600,000

182.858

170.401

24,685

IFMV.

FMV

FMV

IFM∨

FMV

FMV

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Transactions With Related Organizations. Complete in the organization	diswered tes off form 550, rate IV, line \$1, 555, or 50.
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1k

11

1m

1n

10 Yes

1p **1**q

1r

1s

Schedule R (Form 990) 2019

Method of determining amount involved

Yes

Yes

No

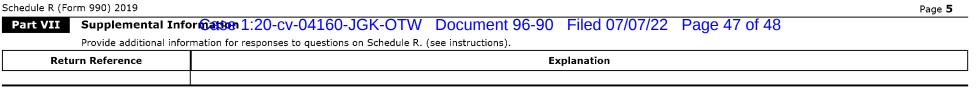
Yes Yes Yes

No

Unrelated Organizations Faxabie as & Partnership. Complete in the Chigan patrion and we red only of the Chigan patrion and the contract of the chigan patrion and the chigan Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2019



Additional Data

Internet Archive

Internet Archive

Internet Archive

Internet Archive

Internet Archive

Internet Archive

Case 1:20-cv-04160-JGK-OTW Document 96-90 Filed 07/07/22 Page 48 of 48

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 94-3400461

Name: Open Library of Richmond Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations	
(a) Name of related organization	(b) Transaction type(a-s)

b

0

р

(c) Amount Involved

750,000

16,750,000

2,600,000

182,858

170,401

24,685

FMV

FMV

FMV

FMV FMV

FMV

(d) Method of determining amount involved